

Disabled Veteran Parking License Plates Application

MV2172 7/2003

APPLICANT SECTION

☐ Check if you would also like 1 Disabled Parking Identification Card.

Registration For Vehicle Owned OR Leased By - Check one:

☐ Person with qualifying disability incurred in active U.S. Military Service.

☐ Trust whose beneficiary is person with ualifying disability incurred in active U.S. Military service. Complete and attach form MV2790.

Legal Name of Veteran with Disability - First, Middle Initial, Last		
Address		
City, State, Zip Code		
Social Security Number		
Month, Day, Year You Were Born		<input type="checkbox"/> Female <input type="checkbox"/> Male
Driver License/Nondriver Identification Number - If none, write NONE		
Telephone Number Where You May be Reached 7 AM - 4:30 PM		
U.S. Military Service Number		
Claim Number		
Service Branch	<input type="checkbox"/> Air Force	<input type="checkbox"/> Army <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard

I have read the information on this form and understand the qualifications and provisions under which "Disabled Veteran " license plates may be issued. I authorize the U.S. Department of Veterans Affairs to send a copy of my rating decision to the Wisconsin Department of Transportation.

X

(Signature of Veteran with Disability)

(Date)

RELEASE OF NONEXEMPT INFORMATION

The Wisconsin Department of Transportation uses the information on this form to issue disabled parking identification cards and plates. Under open records laws, the Department must make nonexempt information available upon request. Do you want your name withheld from mailing lists of 10 or more individuals?

☐ Yes. This will remove your name from marketing lists.

☐ No.

VA CERTIFICATION

This must be completed and signed by an authorized representative of the U.S. Department of Veterans Affairs. This information is privileged and will not be released without written consent of the veteran. This statement is for issuance of disabled parking license plates and is not to be considered as a claim for VA benefits.

With the permission of the named applicant, the Department of Veterans Affairs submits the following information concerning his/her service connected disabilities.

Does the applicant's medical condition or disability prevent them from exercising reasonable and ordinary control over a motor vehicle? If the answer is YES, the applicant will be required to complete a knowledge, highway signs and road test. Any answer will not prevent the issuance of the plates/DIS ID card.

☐ YES ☐ NO

X

(Date)(VA Regional Center Authorized Representative)

(Date)

Check one:

☐ I would like **nonpersonalized** Disabled Veteran plates.

☐ I would like **personalized** Disabled Veteran plates.

Personalized license plate

First Choice				
Meaning of First Choice				
Second Choice				
Meaning of Second Choice				
Third Choice				
Meaning of Third Choice				

Choose 1-4 characters. If you choose 4 characters, only one space is allowed.

A	/	V	E	T
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Carefully distinguish between:

Letters L or I and Number 1

Letter S and Number 5

Letter G and Number 6

Letter Z and Number 2

Letter B and Number 8

Letter U and Letter V

Note: If requested personalized plate choices are not available, nonpersonalized Disabled Veteran plates will be issued.